## NON-PROVISIONAL UTILITY PATENT APPLICATION TRANSMITTAL - 37 CFR 1.53(b)

[ ] Duplicate (check, if applicable)



MAIL STOP PATENT APPLICATION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Attorney Docket No.: 9448-144US (G0282US)
First Named Inventor: Emiko BABA
Express Mail Label No.: EV199928119US
Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the non-provisional utility patent application entitled:

## PRINTER WITH MEDIA TURNOVER GUIDE

which	is:								
an	[X]	Original; or							
a		ontinuation, [] Divisional, or [] Continuation-in-part (CIP) r Application No. filed.							
	Antici	pated Group/Art Unit: or Class, Subclass.							
[]	This no filed.	on-provisional patent application is based on Provisional Patent Application No.,							
Enclos	ed are:								
	[X]	Specification (including Abstract) and claims: 14 pages.							
	[X]	12 sheets of drawings (formal).							
	[]	Application Data Sheet.							
	[X]	Newly executed Declaration (original).							
	[]	Copy of Declaration from prior application.							
	[]	Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).							
	[]	Microfiche computer program (Appendix).							
	[]	Nucleotide and/or Amino Acid Sequence Submission, including:							
		[ ] Computer readable copy [ ] Paper Copy [ ] Verified Statement.							
	[X]	Under PTO-1595 Cover Sheet, an assignment of the invention							
	[X]	Name of Assignee: Oki Data Corporation							
	[X]	Certified copy of Japanese Application No. 2002-238277 filed August 19, 2002 is filed: [X] herewith or [] in prior application.							
	[]	Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under 37 C.F.R. §1.27 as [ ] an Independent Inventor, or [ ] a Small Business Concern, or [ ] a Non-Profit Organization.							
	[]	Preliminary Amendment.							
	[]	Information Disclosure Statement, PTO/SB/08A, and cited references.							
	[]	Request for Nonpublication of Application Under 35 U.S.C. §122(b)							
	[]	Other:							

The filing fee is calculated as follows:

			SMAI	LL ENTITY		LAR	GE ENTITY
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$375			BASIC FEE: \$750	
Total	13-20 =	0	X9	\$	OR	X18	\$
Independent	1- 3 =	0	X42	\$	OR	X84	\$
[] Multiple D	ependent Claim	\$140	\$	OR	\$280	\$	
			TOTAL	\$	OR	TOTAL	\$ 750.00

- [ ] The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts
- [X] A check in the amount of \$750.00 to cover the filing is enclosed.
- [X] The Commissioner is hereby authorized to charge and/or credit **Deposit Account** No. 50-1017 (Billing No. 209448.0114) as noted below. A duplicate copy of this sheet is enclosed.
  - [X] Any overpayments or deficiencies in the above-calculated fee.
  - [ ] Filing fee in the amount of \$\_\_\_\_\_ as calculated above.
  - [X] Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
  - [X] In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

## **CORRESPONDENCE ADDRESS**

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